



Connecticut Department of Public Health Environmental Epidemiology & Occupational Health

ADULT LEAD POISONING SURVEY

Name: _____ Date of Birth: ____/____/____

Address: _____ Phone Number: () _____ - _____

City: _____ State: _____ Zip Code: _____

Occupation: _____ Years in occupation: _____

Employer Name: _____ Phone Number: () _____ - _____

Employer Address: _____ Years at company: _____

City: _____ State: _____ Zip Code: _____

Please answer the following questions:

1. Why was a blood lead test done? **SCREENING PROGRAM AT WORK** **DOCTOR'S ADVICE** **OWN DECISION**

2. Are you exposed to lead at work? **YES** **NO** **DON'T KNOW**

2a. If yes, list job duties that expose you to lead? _____

2b. At work, do you... (Check all that apply)

HAVE A PLACE TO EAT AWAY FROM WORK AREA **HAVE SHOWER FACILITIES** **SMOKE**
HAVE EMPLOYER LAUNDRY YOUR WORK CLOTHES **HAVE HAND WASH FACILITIES** **WEAR A RESPIRATOR**

3. Do any of your non-work activities include: (Check all that apply)

HOME REMODELING/HOUSE PAINTING **HUNTING/RANGE SHOOTING** **AUTO REPAIR**
MAKING FISHING SINKERS **CERAMICS/POTTERY** **STAINED GLASS**
OTHER, SPECIFY: _____

4. Do you have children under the age of 6 living in your household? **YES** **NO**

4a. If yes, how many? _____

4b. Have the children been tested for lead poisoning? **YES** **NO** **DON'T KNOW**

5. Will you be getting another blood lead test? **YES** **NO** **DON'T KNOW**

6. How much has the fact sheet increased your knowledge? **NOT AT ALL** **LITTLE** **SOMEWHAT** **VERY MUCH**

7. What did you learn from the fact sheet ? _____

8. What do you think is the cause of your high lead level? _____

Comments or questions you have about lead poisoning:

Optional: 1. Ethnicity Hispanic Non-Hispanic
2. Race White Black Asian/Pacific Islander Native American/Alaskan Native Multiracial

Thank you for your help. This information is important to us. Please return the survey within 10 days to:

**Occupational Health Program, Connecticut Department of Public Health
P.O. Box 340308, MS#11OSP, Hartford, CT 06134-0308, Phone: 860/509-7744, Fax: 860/509-7785**

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